

Jim Doyle
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Secretary

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State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION

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April 4, 2003

INSURER
STREET
CITY STATE ZIP

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: EMPLOYER UNKNOWN
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Your response to our previous requests for a first WKC-13, Supplementary Report on Accidents and Industrial Diseases, for the claim referenced above is overdue.

Please refer to the Insurers' Pending Reports on our web site for the missing WKC-13 required supplemental report at <http://www.dwd.state.wi.us/wc/insurance/default.htm> and select the Insurer's Pending Report.

If you have problems signing on, have forgotten your ID or Password, or have not yet been assigned a WC Employer Logon ID/User name and password, please call Tracy Aiello (608) 266-0434 or e-mail at tracy.aiello@dwd.state.wi.us.

Within 15 calendar days of your receipt of this letter, please submit the required report, preferably using the Internet format. If you have any questions about submitting the report, please contact Diane Rodenberg at (608) 267-6890 or email at diane.rodenberg@dwd.state.wi.us to resolve the issue of the missing required document(s).

As a self-insured employer, it is your responsibility to submit all required reports and respond to information requested by the Department in a timely manner. Continued failure to do this may result in review of your self-insurance status with the Department and Self-Insurers Council.

Thank you,

Lee Shorey
Director
Bureau of Claims Management

BIP1ST (R. 4/2003)